

# CERTIFIED PROJECT PAYROLL-CONTINUATION

| Work Classification<br>and<br>Soc Sec # of Employee | Name<br>and<br>Address | Overtime or<br>Regular | Day and Date          |     |     |     |     |     |     | Total<br>Hours | Rate of<br>Pay | Gross<br>Amount<br>Earned | Deductions |                      |  |  |    | NET<br>WAGES |
|---|------------------------|------------------------|-----------------------|-----|-----|-----|-----|-----|-----|----------------|----------------|---------------------------|------------|----------------------|--|--|----|--------------|
|   |                        |                        | Sun                   | Mon | Tue | Wed | Thu | Fri | Sat |                |                |                           | FICA       | Withhold-<br>ing tax |  |  |    |              |
|   |                        |                        | Hours Worked Each Day |     |     |     |     |     |     |                |                |                           |            |                      |  |  |    |              |
|   |                        | OT                     |                       |     |     |     |     |     |     | \$             | \$             |                           |            |                      |  |  | \$ |              |
|   |                        | RG                     |                       |     |     |     |     |     |     | \$             | \$             |                           |            |                      |  |  | \$ |              |
|   |                        | OT                     |                       |     |     |     |     |     |     | \$             | \$             |                           |            |                      |  |  | \$ |              |
|   |                        | RG                     |                       |     |     |     |     |     |     | \$             | \$             |                           |            |                      |  |  | \$ |              |
|   |                        | OT                     |                       |     |     |     |     |     |     | \$             | \$             |                           |            |                      |  |  | \$ |              |
|   |                        | RG                     |                       |     |     |     |     |     |     | \$             | \$             |                           |            |                      |  |  | \$ |              |
|   |                        | OT                     |                       |     |     |     |     |     |     | \$             | \$             |                           |            |                      |  |  | \$ |              |
|   |                        | RG                     |                       |     |     |     |     |     |     | \$             | \$             |                           |            |                      |  |  | \$ |              |
|   |                        | OT                     |                       |     |     |     |     |     |     | \$             | \$             |                           |            |                      |  |  | \$ |              |
|   |                        | RG                     |                       |     |     |     |     |     |     | \$             | \$             |                           |            |                      |  |  | \$ |              |
|   |                        | OT                     |                       |     |     |     |     |     |     | \$             | \$             |                           |            |                      |  |  | \$ |              |
|   |                        | RG                     |                       |     |     |     |     |     |     | \$             | \$             |                           |            |                      |  |  | \$ |              |
|   |                        | OT                     |                       |     |     |     |     |     |     | \$             | \$             |                           |            |                      |  |  | \$ |              |
|   |                        | RG                     |                       |     |     |     |     |     |     | \$             | \$             |                           |            |                      |  |  | \$ |              |
|   |                        | OT                     |                       |     |     |     |     |     |     | \$             | \$             |                           |            |                      |  |  | \$ |              |
|   |                        | RG                     |                       |     |     |     |     |     |     | \$             | \$             |                           |            |                      |  |  | \$ |              |
|   |                        | OT                     |                       |     |     |     |     |     |     | \$             | \$             |                           |            |                      |  |  | \$ |              |
|   |                        | RG                     |                       |     |     |     |     |     |     | \$             | \$             |                           |            |                      |  |  | \$ |              |
|   |                        | OT                     |                       |     |     |     |     |     |     | \$             | \$             |                           |            |                      |  |  | \$ |              |
|   |                        | RG                     |                       |     |     |     |     |     |     | \$             | \$             |                           |            |                      |  |  | \$ |              |

## AFFIRMATION

|   |                                |                              |
|---|--------------------------------|------------------------------|
| (1) Today's Date<br>/ /   | Name of signatory party        | Title                        |
| The above signatory pays or supervises (Name of contractor or subcontractor)<br>the payment of the persons employed by:   |                                |                              |
| Name of building or work project  | Payroll period starting<br>/ / | Payroll period ending<br>/ / |
| All persons employed on above project have been paid the full weekly wages earned, that no rebates have/will be made either directly or indirectly to or on behalf of the above contractor or subcontractor from the weekly wages earned by any person and that no deduction have been made either directly or indirectly from the full wages earned by any person, other than permissible deduction. |                                |                              |

(2) That any payroll otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency.

(4) That:

WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS \* In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed below have been or will be made to appropriate programs for the benefits of such employees.

**The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution.**

|                                 |       |           |
|---------------------------------|-------|-----------|
| Print or type name of signatory | Title | Signature |
|---------------------------------|-------|-----------|

### BENEFIT DISTRIBUTION (Please report in "per hour" terms)

| Craft/Trade | Hourly Total Benefit Credit | Hourly Pension | Hourly Medical | Hourly Vacation |  |  |
|-------------|-----------------------------|----------------|----------------|-----------------|--|--|
|             |                             |                |                |                 |  |  |
|             |                             |                |                |                 |  |  |
|             |                             |                |                |                 |  |  |
|             |                             |                |                |                 |  |  |
|             |                             |                |                |                 |  |  |
|             |                             |                |                |                 |  |  |
|             |                             |                |                |                 |  |  |